STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview, the facility failed to post notice of the availability of past State survey results in areas of the facility that were prominent and accessible to residents, representatives, and the public.The DON identified 48 residents resided in the facility. Findings:On 01/12/26 at 11:34 a.m., a tour of the facility was conducted. There was no notice informing the public where the past State survey results were posted.On 01/12/26 at 11:40 a.m., the past State survey results were observed in a binder on the administrator's door in a file holder.On 01/12/26 at 11:44 a.m., the administrator stated the there was no notice posted about where to locate the past State survey results. They stated it should have been posted on the bulletin board.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure residents were bathed as scheduled for 3 (#1, 3, and #7) of 4 sampled residents reviewed for assistance with ADLs.The DON identified 38 residents required assistance with bathing. Findings: An Activities of Daily Living (ADLs) policy, revised 01/26/25, read in part, Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, and grooming .A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. A facility Bath List schedule, dated 11/07/25, showed Resident #7 was to receive showers three times a week on Tuesday, Thursday, and Saturday. Resident #7's quarterly resident assessment, dated 11/14/25, showed the resident had moderate cognitive impairment with a BIMS of 12. The assessment showed Resident #7 required partial to moderate assistance from staff for showers. A facility Documentation Survey Report v2 for December 2025, showed Resident #7 was not bathed, six out of 13 opportunities. The report showed: a. blanks on 12/02/25, 12/06/25, 12/13/25, 12/27/25, and b. activity itself did not occur, or family and/or non-facility staff provided care 100 percent of the time on 12/25/25 and 12/30/25. The facility Documentation Survey Report v2 for January 2026, showed Resident #7 was not bathed, two out of five opportunities. The report showed blanks on 01/01/26 and 01/03/26. On 01/12/26 at 9:14 a.m., Resident #7 stated their shower days were Saturday and Tuesday. They stated, I just don't get them. On 01/12/26 at 1:27 p.m., CNA #2 stated they reviewed the shower list to determine when a resident was scheduled for a shower. On 01/12/26 at 2:46 p.m., CNA #1 stated the process for giving Resident #7 a shower was to gather the bathing supplies, assist the resident with bathing, and allow the resident to participate as much as they could. CNA #1 stated Resident #7 did not refuse showers. On 01/12/26 at 3:12 p.m., the DON reviewed the facility Documentation Survey Report for December 2025 and January 2026. They stated Resident #7 received showers seven days in December and four days in January. The DON stated they were not sure if they were reading the document correctly. 2. An undated diagnosis report for Resident #3 showed they were admitted on [DATE] with diagnoses which included chronic embolism and thrombosis of unspecified deep veins of left lower extremity and morbid (severe) obesity due to excess calories. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #3's annual assessment, dated 02/27/25, showed Resident #3 had a BIMS of 14, indicating their cognition was intact, and they were dependent on staff for bathing. Resident #3's quarterly assessment, dated 11/21/25, showed Resident #3 had a BIMS of 14, indicating their cognition was intact, and they were dependent on staff for bathing. An ADL documentation record for November 2025 showed Resident #3 was not bathed on 11/04/25, 11/06/25, 11/08/25, 11/11/25, 11/13/25, 11/15/25, 11/18/25, 11/20/25, 11/22/25, 11/25/25, 11/27/25, and 11/28/25. An ADL documentation record for December 2025 showed Resident #3 was not bathed on 12/02/25, 12/04/25, 12/06/25, 12/09/25, 12/11/25, 12/13/25, 12/16/25, 12/20/25, 12/25/25, and 12/30/25. On 01/12/25 at 9:30 a.m., Resident #3 stated they had not had a shower in a month. On 01/12/26 at 3:35 p.m., CNA #3 stated Resident #3's bath schedule was on Tuesday, Thursday, Saturday on the 3:00 p.m. to 11:00 p.m. shift. On 01/12/26 at 3:49 P.M., the DON stated the documentation showed Resident #3 had not received baths as scheduled for the months of November or December. 3. A facility Bath List schedule, dated 11/07/25, did not show Resident #1 on the document. Resident #1's care plan for ADL intervention, initiated 12/16/25, showed the resident had diagnoses which included displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing. The care plan showed the resident was totally dependent on staff to provide showers two times per week and as necessary. A facility Documentation Survey Report for December 2025 showed Resident #1 received showers on the 10th and 30th out of eight opportunities in the month for showers. On 01/14/26 at 9:16 a.m., the DON stated Resident #1 was admitted to the facility on [DATE] and discharged on 01/08/26. On 1/14/26 at 9:20 a.m., the DON stated they did not see what Resident #1's shower days were from the facility electronic health record or shower book. On 1/14/26 at 9:21 a.m., the DON reviewed the facility Documentation Survey Report for December 2025 for Resident #1. They stated the document showed Resident #1 had two showers in December. On 1/14/26 at 9:23 a.m., the DON reviewed the care plan for Resident #1. They stated the resident was totally dependent on staff to provide showers two times per week and as necessary. On 1/14/26 at 9:25 a.m., the DON stated based on the care plan, Resident #1 did not receive two showers per week. On 1/14/26 at 9:27 a.m., the DON stated the importance of resident's receiving showers as scheduled and as needed included skin care, infection control, and quality of care.